

UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

| REQUEST FOR PATENT FEE REFUND | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|-------------------------------------|--|----------|----------|----------|--------------------------|-----------|---|---|----|--------------------------|-------------------|--|--|----|--------------------------|-------------------------|--|--|----|--------------------------|----------|--|--|----|--------------------------|-------|--|--|----|--------------------------|-----------------------------------|--|--|----|--------------------------|-------------|--|--|----|--------------------------|------------|--|--|----|--------------------------|-------|--|--|----|---|--|--|--|------------------------|----------------------|------------------|
| 1 Date of Request: <u>12 May 05</u> | | 2 Serial/Patent # <u>10/518,359</u> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 Please refund the following fee(s): <table border="1" style="width:100%; border-collapse: collapse;"> <tr><td style="width: 10%; text-align: center;"><input checked="" type="checkbox"/></td><td style="width: 80%;">Filing</td><td style="width: 10%; text-align: center;">1</td><td style="width: 10%; text-align: center;">12/17/04</td><td style="width: 10%; text-align: right;">\$ 50.00</td></tr> <tr><td><input type="checkbox"/></td><td>Amendment</td><td></td><td></td><td style="text-align: right;">\$</td></tr> <tr><td><input type="checkbox"/></td><td>Extension of Time</td><td></td><td></td><td style="text-align: right;">\$</td></tr> <tr><td><input type="checkbox"/></td><td>Notice of Appeal/Appeal</td><td></td><td></td><td style="text-align: right;">\$</td></tr> <tr><td><input type="checkbox"/></td><td>Petition</td><td></td><td></td><td style="text-align: right;">\$</td></tr> <tr><td><input type="checkbox"/></td><td>Issue</td><td></td><td></td><td style="text-align: right;">\$</td></tr> <tr><td><input type="checkbox"/></td><td>Cert of Correction/Terminal Disc.</td><td></td><td></td><td style="text-align: right;">\$</td></tr> <tr><td><input type="checkbox"/></td><td>Maintenance</td><td></td><td></td><td style="text-align: right;">\$</td></tr> <tr><td><input type="checkbox"/></td><td>Assignment</td><td></td><td></td><td style="text-align: right;">\$</td></tr> <tr><td><input type="checkbox"/></td><td>Other</td><td></td><td></td><td style="text-align: right;">\$</td></tr> </table> | <input checked="" type="checkbox"/> | Filing | 1 | 12/17/04 | \$ 50.00 | <input type="checkbox"/> | Amendment | | | \$ | <input type="checkbox"/> | Extension of Time | | | \$ | <input type="checkbox"/> | Notice of Appeal/Appeal | | | \$ | <input type="checkbox"/> | Petition | | | \$ | <input type="checkbox"/> | Issue | | | \$ | <input type="checkbox"/> | Cert of Correction/Terminal Disc. | | | \$ | <input type="checkbox"/> | Maintenance | | | \$ | <input type="checkbox"/> | Assignment | | | \$ | <input type="checkbox"/> | Other | | | \$ | <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding: 5px;"> 4 PAPER NUMBER </td> <td style="width: 50%; padding: 5px;"> 5 DATE FILED </td> <td style="width: 50%; padding: 5px;"> 6 AMOUNT </td> </tr> </table> | | | | 4 PAPER NUMBER | 5 DATE FILED | 6 AMOUNT |
| <input checked="" type="checkbox"/> | Filing | 1 | 12/17/04 | \$ 50.00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> | Amendment | | | \$ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> | Extension of Time | | | \$ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> | Notice of Appeal/Appeal | | | \$ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> | Petition | | | \$ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> | Issue | | | \$ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> | Cert of Correction/Terminal Disc. | | | \$ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> | Maintenance | | | \$ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> | Assignment | | | \$ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> | Other | | | \$ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4 PAPER NUMBER | 5 DATE FILED | 6 AMOUNT | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | 7 TOTAL AMOUNT OF REFUND <div style="text-align: right; font-size: 1.2em;">\$ 50.00</div> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 10 REASON: <input checked="" type="checkbox"/> Overpayment <input type="checkbox"/> Duplicate Payment <input type="checkbox"/> No Fee Due (Explanation): | | 8 TO BE REFUNDED BY: <div style="border: 1px solid black; padding: 5px;"> Treasury Check <input checked="" type="checkbox"/> Credit Deposit A/C #: <div style="display: flex; align-items: center;"> 9 <table border="1" style="border-collapse: collapse;"> <tr> <td style="width: 20px; text-align: center;">0</td> <td style="width: 20px; text-align: center;">4</td> <td style="width: 20px; text-align: center;">--</td> <td style="width: 20px; text-align: center;">1</td> <td style="width: 20px; text-align: center;">5</td> <td style="width: 20px; text-align: center;">7</td> <td style="width: 20px; text-align: center;">7</td> </tr> </table> </div> </div> | | 0 | 4 | -- | 1 | 5 | 7 | 7 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 0 | 4 | -- | 1 | 5 | 7 | 7 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 11 REFUND REQUESTED BY: <div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> TYPED/PRINTED NAME: <u>Anita Johnson</u> SIGNATURE: <u>Anita Johnson</u> OFFICE: <u>DOVED</u> </div> <div style="width: 35%;"> TITLE: <u>Paralegal</u> PHONE: <u>308-9140</u> </div> </div> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ***** THIS SPACE RESERVED FOR FINANCE USE ONLY: APPROVED: _____ DATE: _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to: